



FH
[REDACTED]

**STATE OF WISCONSIN
Division of Hearings and Appeals**

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MQB/161274

PRELIMINARY RECITALS

Pursuant to a petition filed October 16, 2014, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was held on November 05, 2014, at Milwaukee, Wisconsin.

The issue for determination is whether the agency correctly denied Petitioner QMB benefits for October and November.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703
By: Simone Johnson
Milwaukee Enrollment Services
1220 W Vliet St, Room 106
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Corinne Balter
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County. Petitioner is a household size of one.
2. On August 21, 2014 Petitioner completed a renewal. Prior to Petitioner's renewal, Petitioner received QMB benefits.

3. Petitioner's monthly gross income is \$923.00 from social security disability.
4. On September 3, 2014 the agency verified that Petitioner's assets totaled \$8,752.02 consisting of \$5,847.46 in a [REDACTED] account, \$2,338.84 in a checking account, and a whole life insurance policy worth \$2,338.84.
5. On September 4, 2014 the agency sent Petitioner a notice stating that her health care benefits would change. Petitioner would receive MAPP benefits. Petitioner would no longer receive QMB benefits.
6. At the hearing on November 5, 2014 Petitioner submitted verification that her assets were no longer above the QMB asset limit. The agency stated that Petitioner would receive QMB benefits effective December 1, 2014.

DISCUSSION

Medicare is the health insurance program administered by the federal Centers for Medicare & Medicaid Services (CMS) for people over 65 and for certain younger disabled people. Medicare is divided into two types of health coverage. Hospitalization Insurance (Part A) pays hospital bills and certain skilled nursing facility expenses. Medical Insurance (Part B) pays doctors' bills and certain other charges.

Medicare charges premiums for its insurance. Wisconsin MA pays some or all Medicare premiums for the persons participating in the programs described below:

1. Qualified Medicare Beneficiary (QMB).
2. Specified Low-Income Medicare Beneficiary (SLMB).
3. Specified Low-Income Medicare Beneficiary Plus (SLMB+), also known as Qualifying Individuals – 1 (QI-1).
4. Qualified Disabled and Working Individuals (QDWI).

MA Eligibility Handbook (MEH), 32.1.1 (viewable online at www.emhandbooks.wi.gov/meh-ebd/). See also, Wis. Stat. §49.468.

The income limit is set below 100% of the federal poverty level for QMB, 100% to 119% for SLMB, 120% to 134% for SLMB+, and up to 200% for QDWI. *MEH*, 32.2.3 & 39.5. A person who is eligible and certified for QMB will have his/her Medicare Part A and B premiums paid by the Wisconsin Medical Assistance program. A SLMB or SLMB+ recipient will have only his Medicare Part B premiums paid by Wisconsin MA. A QDWI recipient will have only his/her Medicare Part A premiums paid by the state MA program.

The income limit for a household of one person is currently \$972.50 for QMB, \$1,167.00 for SLMB, and \$1945.00 for QDWI. *Id.*, 39.5. SLMB+ financial eligibility determinations are performed manually by the county agency, when requested.

The Wisconsin Medical Assistance programs have asset limits in addition to the income limits. The asset limit for QMB, SLMB, and SLMB+ is \$7,160.00 for a household size of one. *MEH*, 32.6. The asset limit for QDWI is \$4,000 for a household of one. *Id.*

The starting point on treatment of income for Medical Assistance or the related Medicare premium assistance programs is always to include gross income that is actually and legally available to a recipient,

unless there is a specific exclusion of that income in the MA rules. *MEH*, 15.1.5. The petitioner's Social Security Disability income was correctly counted here. Petitioner's household gross income from social security disability is \$923.00. The county also budgeted the standard \$20 deduction giving Petitioner a monthly gross income of \$902.00. This is under the QMB limit, and Petitioner is income eligible for QMB.

In this case the issue with QMB was Petitioner's assets. The QMB asset limit is \$7,160, and as of September 3, 2014 Petitioner's assets were \$8,752.02. This is over the over the QMB asset limit. Thus Petitioner was ineligible for QMB for October 2014. In November 2014 Petitioner reported and the agency verified that her assets were under the \$7,160 limit. Because that change was reported in November, it will be implemented in December.

CONCLUSIONS OF LAW

The agency correctly denied Petitioner QMB benefits for October and November 2014.

THEREFORE, it is

ORDERED

That the Petition is dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,
Wisconsin, this 7th day of November, 2014

\sCorinne Balter
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on November 7, 2014.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability